

Wright State University Financial Statement Form

Student name as it appears on your admission application form (please print):

Last (family)

First (given)

Middle or Maiden

I am an applicant for

Graduate Studies

Undergraduate Studies

LEAP

1. State in U.S. dollars the amount of money you will have available *each year* to cover your expenses. List all resources and the amount of funds available. Check and complete those areas below which apply:

Family Assistance (Bank statement in U.S. dollars required as documentation)**

Name of family sponsor _____

Relationship: Parent

Other (specify) _____

Address of family sponsor _____

Phone _____

Total amount of family sponsor's funds available each year \$ _____

Personal Savings (Bank state of funds in U.S. dollars required as documentation)**

Overseas funds \$ _____ Funds in the United States \$ _____

Scholarship, Awards and/or Nonfamily Sponsor (Scholarship letter or bank statement required as documentation)**

Name of agency/sponsor _____

Address of agency/sponsor _____

Phone number if in United States _____

Total funds available from agency/sponsor \$ _____

Please note: An original sponsor award letter is required to complete your application. If the agency/sponsor is to be billed directly, have the agency provide Wright State with billing authorization and instructions.

2. **Total amount of funds (listed in question one) available each year \$** _____

** A bank statement of family or nonfamily sponsor or of personal funds is required before I-20 can sent. **The funds must be stated in U.S. dollar amounts. Failure to provide amounts in U.S. dollars will delay the application process.**

3. Are there government or agency restrictions on the frequency or the amount of funds that can be released in **U.S. dollars**? Yes No

If yes, please explain restrictions _____

4. Do you have any physical disability (visual, hearing, or mobility impairment)? Yes No

If yes, please specify _____

*The purpose of this question to determine the extent of any special services you may be required to pay for during your studies. This information is required to determine financial eligibility only.

5. With my signature below, I certify that above information is true and accurate to the best of my knowledge. I understand that misrepresentation of facts on this form will be cause for refusals of admission, cancellation of admission, or dismissal from the university. I further understand that I am completely responsible for all my educational and living expenses during the entire period that I plan to be enrolled at Wright State University.

Signature

Date